



PTO/SB/22 (10-08)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 28335/40012	
Application Number 10/789,303-Conf. #8089		Filed February 26, 2004	
For RECOMBINANT ADENO-ASSOCIATED VIRUS PRODUCTION			
Art Unit 1633		Examiner M. Burkhart	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	<u>Previously paid</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$555-\$65=\$490
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees except the issue fee which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 35,302			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
_____ Signature Greta E. Noland		_____ Date October 22, 2008	
_____ Typed or printed name Greta E. Noland		_____ Telephone Number (312) 474-6300	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of 1 forms are submitted.			

10/24/2008 HDESTA1 00000015 10789303

02 FC:1252

490.00 DP

Void date: 10/24/2008 HDESTA1
10/24/2008 HDESTA1 00000015 10789303
02 FC:2801

-405.00 DP

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 22, 2008

Signature: _____

Greta E. Noland

(Greta E. Noland)

Void date: 10/24/2008 HDESTA1

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10/24/2008 HDESTA1 00000068 132855 10789303

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For **RECOMBINANT ADENO-ASSOCIATED VIRUS PRODUCTION**

Art Unit 1633	Examiner M. Burkhart
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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
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Registration number if acting under 37 CFR 1.34 _____

Greta E. Noland
Signature
Greta E. Noland
Typed or printed name

October 22, 2008
Date
(312) 474-6300
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Dated: October 22, 2008

Signature: Greta E. Noland (Greta E. Noland)